

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

|   |                   |            |                  | •                        |                    |  |                        |                      |             |
|---|-------------------|------------|------------------|--------------------------|--------------------|--|------------------------|----------------------|-------------|
| Establishment Name Walgneis # 0447  |                   |            |                  |                          |                    | Telephone Number                       | Date of In<br>(mm/dd/y | r)                   | PERMIT #    |
| THINNAK # UTT   |                   |            |                  |                          |                    | - 016 741 2013                         | 1/1/10                 | 5/20                 | 19-350      |
| Establishment Address (number and street, city, state, zip code)                  |                   |            |                  |                          |                    | 847 527 4897                           | W/13                   | , 100                | . , ,,,     |
| 1702 E. Spring St. New Albany, IN 47150   |                   |            |                  |                          |                    | <u> </u>                               |                        |                      |             |
| Owner   |                   |            |                  |                          |                    | Purpose:                               | Follow-up Release Date |                      |             |
| Walgren & Corp.   |                   |            |                  |                          |                    | Routine                                | No 10 days             |                      |             |
| Owner's Address   |                   |            |                  |                          |                    | 2. Follow-up Summary of Violations:    |                        |                      | •           |
| 7.0. Bx 901 Jufeld, 16 60015  |                   |            |                  |                          |                    | 3. Complaint                           | l h                    | , h                  | h           |
| Person in Charge / / / / / / / / / / / / / / / / / / /                            |                   |            |                  |                          |                    | 4. Pre-Operational                     | [ c 🚫                  | $\langle NC \rangle$ | _ R. (      |
| Responsible Person's/E-mail   |                   |            |                  |                          |                    | 5. Temporary                           | Menu Tv                | pe (See back of      | ngge)       |
| The position of the same  |                   |            |                  |                          |                    | 6. HACCP                               | Wiena ty               | pe (nee back of      | page        |
| Certified Food Manager  |                   |            |                  |                          |                    | 7. Other (list)                        | 11/2                   | 34                   |             |
| ·   |                   |            |                  |                          |                    |  | 1-4                    | ·34                  | ,—          |
| - X10 Y000 47 1 1   | ( northan ett 4 % | NE DESERVE | OTHER INTERIOR   | CHEZOL M.COMS 1 MAN 2011 | nn (mnin govern    | 1517000 //200                          | <u> </u>               |                      |             |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" |                   |            |                  |                          |                    |  |                        |                      |             |
| • VIOLATIO  | ON(S) REPE        | ATED FI    | ROM PREVIOUS INS | PECTIONS ARE I           | DENOTED IN THE "SI | UMMARY OF VIOLATIONS" A                | ND IN THE M            | NARRATIVE BI         | ELOW AS "R" |
| Section#  | on# C/NC R Narrat |            |                  |                          |                    |  | To Be Corr             | ected By             |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            | No vi            | 1. 1.                    |                    |  | <del>-</del>           |                      |             |
|   |                   |            | 740 (7)          | PINITAL                  | <del></del>        |  |                        |                      |             |
| -   |                   | <u> </u>   |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  |                          | <del></del> -      |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  | <del></del>            |                      |             |
|   |                   |            |                  |                          |                    | <del></del>                            | <u> </u>               |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      | _           |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   | 1                 |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  | _                        |                    |  |                        |                      |             |
|   |                   |            |                  |                          |                    |  |                        |                      |             |
|   |                   |            |                  | <u> </u>                 |                    | <u> </u>                               |                        |                      |             |
|   |                   |            |                  |                          |                    | ·                                      | <del>_</del> .         |                      |             |
|   |                   |            |                  |                          | <u> </u>           |  |                        |                      |             |
| D   |                   | 421        | . 15.            |                          | <del></del> -      |  |                        |                      |             |
| Received by (name and title printed):   |                   |            |                  |                          |                    | Inspected by (name and title printed): |                        |                      |             |
| Kellse M  |                   |            |                  |                          |                    |  | Ingram                 | (CFS)                |             |
| Received by (signature):  |                   |            |                  |                          |                    | Inspected by (signature):              | •                      |                      |             |
| heline yes  |                   |            |                  |                          |                    | aj l                                   |                        |                      |             |
| oc:   |                   | -          | <del>-</del> _   | ce:                      |                    |  | cc:                    |                      |             |
|   |                   |            |                  | 1                        |                    |  |                        |                      |             |